10188 1949 61 1888

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 955

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Martins — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Martins
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural give location) Rural.

3. NAME OF DECEASED (Type or Print) (First) Elmyra (Middle) (Last) Adkins

4. DATE OF DEATH (Month) Oct (Day) 21 (Year) 1949

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single — 8. DATE OF BIRTH Sept 20 1888 — 9. AGE last birthday 61 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) St Martins — 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Noah C Akkins — 14. MOTHER'S MAIDEN NAME Kittie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Amanda Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) ① Chronic Degeneration Myocarditis — 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ② Anasarca + Pulmonary Edema — 6 weeks

131 b (c) ③ Multiple Emboli, sec to thrombophlebitis - bilateral - both legs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis, chronic, sec & burns — 20 yrs.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1947 to Oct 21, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Herman A. Robbins (Degree or title) M.D. — ADDRESS Berlin, Md — DATE SIGNED 22 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Oct. 23 1949 — NAME OF CEMETERY OR CREMATORY Whaleyville — LOCATION (City, town, or county) Whaleyville, (State) Md.

DATE REC'D BY LOCAL REG. 10-23-49 — REGISTRAR'S SIGNATURE Helen F Hayward — 24. FUNERAL DIRECTOR M. Pasha Watson — ADDRESS Selbyville, Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 10189

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showells; MARYLAND; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Showells; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Handy (Last) Adkins

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower

8. DATE OF BIRTH: Dec. 27, 1863

9. AGE last birthday: 83 yrs. If under 1 year: Months. 9 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Berlin Md R.F.D.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Adkins

14. MOTHER'S MAIDEN NAME: Millie Webb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Ray Lewis Showells Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Failure — Interval Between Onset and Death: 6 days

420.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Arterio sclerotic Heart Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Showell (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1947, to Oct 1, 1949, that I last saw the deceased alive on Oct. 1, 1949, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Garrett Hummel M.D. ADDRESS Selbyville, Del. DATE SIGNED 10/4/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE Oct. 4, 1949 | NAME OF CEMETERY OR CREMATORY Hastings Cemetery. | LOCATION (City, town, or county) Berlin R.F.D. (State) Md

DATE REC'D BY LOCAL REG. 10-4-49 | REGISTRAR'S SIGNATURE Helen J. Hayward

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS

RECEIVED
OCT 6 1949
BUREAU V. S.

10190

Staples Cove Glascock Co

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Girdletree Rural
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ga. COUNTY Glascock Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dearing Rural
STREET ADDRESS (If rural, give location) Dan Fuller farm

3. NAME OF DECEASED (Type or Print) (First) Alex (Middle) (Last) Beasley
4. DATE OF DEATH (Month) Oct (Day) 16 (Year) 1949

5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3-13-27
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer Mill
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Ga.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elbert Beasley
14. MOTHER'S MAIDEN NAME Amesia Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 255-30-3816
17. INFORMANT Bosie Beasley (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981 Immediate cause (a) Lacerations of Brain — Few minutes

166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Homicide by firearm (gun)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Argument following a card game

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Brothers home
(CITY OR TOWN) 1½ miles N Girdletree (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Oct (Day) 16 (Year) 1949 (Hour) 12:25 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot following an argument at a card game

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE Dr. N. Eastorius (Degree or title) D.M.E. ADDRESS Pocomoke City Md DATE SIGNED 10/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 19/49
NAME OF CEMETERY OR CREMATORY Coolspring's
LOCATION (City, town, or county) Girdletree (State) Md

DATE REC'D BY LOCAL REG. 10/19/49
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Allay E. Simmons Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
OCT 24 1949
BUREAU V. S.

10191

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
LENGTH OF STAY (in this place) 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Millie (Middle) E. (Last) Burke
4. DATE OF DEATH (Month) Oct. (Day) 23 (Year) 1949
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct. 13/1869
9. AGE last birthday 79 c/11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Salisbury Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Samuel Truitt
14. MOTHER'S MAIDEN NAME Mary Driscoll (Rural #2)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Thomas W. Burke Snow Hill Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221 Immediate cause (a) Arterio-sclerotic Cardio Vascular disease — Years

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Years

(c) Senility — Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. Natural Causes
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Natural Causes (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Natural Causes m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F. S. Waesche (Degree or title) M.D. (DME) ADDRESS Snow Hill Md DATE SIGNED 23 Oct. 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 25/49
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 10/25/49
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay E. Ennis ADDRESS Snow Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10192

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
LENGTH OF STAY (in this place): 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Collins

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 15 1885

9. AGE last birthday: 63 yrs. If under 1 year: Months 9, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Collins

14. MOTHER'S MAIDEN NAME: Elizabeth Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No.
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Clifton F. Collins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

443 **Antecedent cause(s)**

93d **Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last** (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1949, to 10-27, 1949, that I last saw the deceased alive on 10-25, 1949, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Jakott	M.D.	Berlin Md	Worcester

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/30/49.	Stockton	Stockton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-31-49	M. LeRoy Smith Jr.	Dana A. Burbage.	

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NOV 2 1949
BUREAU

Evidence for addition of #18b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10193

CERTIFICATE OF DEATH

FILM No. G 122 NOV 22 1949

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, Rural #1; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural #1	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Pocomoke; STREET ADDRESS (If rural give location) Rural #1

3. NAME OF DECEASED (Type or Print) (First) ZILPHA (Middle) CURTIS (Last) CORBIN	4. DATE OF DEATH (Month) Oct (Day) 18, (Year) 1949							
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Jan 4, 1857	9. AGE last birthday 92 yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Long Branch, New Jersey	12. CITIZEN OF WHAT COUNTRY? USA					
13. FATHER'S NAME Jacob Wooley	14. MOTHER'S MAIDEN NAME Helen Jackson							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) xxxx	16. SOCIAL SECURITY No. xxxxx	17. INFORMANT Guy Corbin, son						

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

794 Immediate cause (a) Senility

Antecedent cause(s)

162b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) No underlying cause - patient was ninety [illegible]/49 abc

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1949, to Oct, 1949, that I last saw the deceased alive on Oct 5, 1949, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles W. Trader	MD	Pocomoke City, Md	10-19-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 20, 1949	Nassawango Cemetery	Snow Hill, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 19, 1949	Anne E. White	Henry H. Watson, Pocomoke, Md.

RECEIVED
OCT 21 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10194

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Church Street	STREET ADDRESS (If rural give location) 3 Church Street

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) A. (Last) COSTEN

4. DATE OF DEATH (Month) October (Day) 22, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Widowed	Feb 20, 1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farming	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Parks Costen	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	xxxxx	xxxxxx	Leslie Costen, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardiac Vascular disease (1) years (2)

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Fall 39, 1950 Oct 22, 1949, that I last saw the deceased alive on Oct 22, 1949 and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. Bradley Md. ADDRESS Pocomoke City Md DATE SIGNED 10/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 25, 1949	Hall's Hill Cemetery	Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 25, 1949	Anne E. White	Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1949
BUREAU OF S.

10195

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH COUNTY: Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joyce (Middle) (Last) Caston

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 15/1949

9. AGE last birthday: 12 days — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Snow Hill, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sherman Caston

14. MOTHER'S MAIDEN NAME: Hilda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Hilda Caston Snow Hill (mother) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
527.2 Immediate cause	(a) Respiratory & Circulatory Failure	2 Hr.
Antecedent cause(s)		
114.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Respiratory Infection	1 day.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) Snow Hill (COUNTY) Worcester (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10·26, 1949, to 10·27, 1949, that I last saw the deceased alive on 10·26·49, 19....., and that death occurred at 7:45A m., from the causes and on the date stated above.

SIGNATURE: Robert L. LaMar, MD. (Degree or title) ADDRESS: Snow Hill, Md. DATE SIGNED: 10-27-49

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE: Oct. 27/49 — NAME OF CEMETERY OR CREMATORY: Baptist — LOCATION (City, town, or county): Snow Hill (State) Md

DATE REC'D BY LOCAL REG.: 10/27/49 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Clay E. Ennis Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10196

CERTIFICATE OF DEATH

Reg. Dist. No. 357

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2; LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Lecates

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 23 1865

9. AGE last birthday: 84-1-11 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Kline

14. MOTHER'S MAIDEN NAME: Elizabetha Sutzmeiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mr Edward J. Lecates (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
490 Immediate cause	(a) Pneumonia, Lobar	5 days.
108 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition	4 weeks
	(c) Arteriosclerotic Heart Disease	10 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN) Snow Hill; (COUNTY) Worc.; (STATE) Md.

TIME OF INJURY (Mouth) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 22 Sept., 1949, to 4 Oct., 1949, that I last saw the deceased alive on 4 Oct., 1949, and that death occurred at 9 30 P.m., from the causes and on the date stated above.

SIGNATURE: Richard A. Young (Degree or title) M.D. ADDRESS Snow Hill, Md. DATE SIGNED 5 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	Oct. 5/49	East Cedar Hill	Bromyard Phila	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 5/49	LeRoy Smith.	Allay B. Dennis	Snow Hill, Md

RECEIVED
OCT 8 1949
BUREAU V. S.

94

10197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) M. (Last) Davis

4. DATE OF DEATH: (Month) Oct (Day) 27 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single — 8. DATE OF BIRTH: March 12 1853 — 9. AGE last birthday: 94 yrs. 7 Months 16 Days — If under 1 year: Hours — If under 24 hrs.: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own Home — 11. BIRTHPLACE (State or foreign country): Snow Hill Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Silas Davis — 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mr Alton Phillips Snow Hill Md Rural #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio Vascular Hypertensive — 442

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Renal disease — 1310 — Interval between onset and death: unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1945, to Oct 28, 1949, that I last saw the deceased alive on Oct 26, 1949, and that death occurred at 4.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Shen M.D. — Snow Hill Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 30/49 — NAME OF CEMETERY OR CREMATORY: Mt Zion — LOCATION (City, town, or county): Snow Hill — (State): Md

DATE REC'D BY LOCAL REG.: 10/29/49 — REGISTRAR'S SIGNATURE: R. Ray Smith — 24. FUNERAL DIRECTOR: Clay E. Dennis — ADDRESS: Snow Hill Md

VS. A15

RECEIVED
NOV 2 1949
BUREAU W. S.

10198

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Oak Street	STREET ADDRESS (If rural, give location) 104 Oak St,

3. NAME OF DECEASED (Type or Print)	(First) Finnia	(Middle) Wilson	(Last) Disharoom	4. DATE OF DEATH	(Month) Oct,	(Day) 11	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept, 12. 1871	9. AGE last birthday 78 yrs.	If under 1 year Months 0	Days 29	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller	10b. KIND OF BUSINESS OR INDUSTRY Flour Mill	11. BIRTHPLACE (State or foreign country) Wicomico, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME James Disharoom	14. MOTHER'S MAIDEN NAME Rebecca Brittingham						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs Blanche C. Disharoom					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501 Immediate cause (a) Heart failure — Few minutes

Antecedent cause(s)

106 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis — 25 years

(c) c Bronchitis — 40 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer ear. — 6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8th, 1949, to Oct 8th, 1949, that I last saw the deceased alive on Oct 8th, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE N. E. Cartonus (Degree or title) Md. ADDRESS Pocomoke City Md DATE SIGNED 10/11/49

23. BURIAL, CREMATION REMOVAL (Specify) Zburial	DATE 10/13/1949	NAME OF CEMETERY OR CREMATORY Salem Cemetery	LOCATION (City, town, or county) Pocomoke City Md, (State)
DATE REC'D BY LOCAL REG. Oct. 13, 1949	REGISTRAR'S SIGNATURE Anne E. White	24. FUNERAL DIRECTOR Howard A. Gill	ADDRESS Pocomoke City, Md,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A16

RECEIVED
OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10199

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke | LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Linden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Linden

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HERBERT (Last) DRYDEN

4. DATE OF DEATH (Month) (Day) (Year): October 27, 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Nov 30, 1879 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper | 10b. KIND OF BUSINESS OR INDUSTRY: Canning | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua D. Dryden | 14. MOTHER'S MAIDEN NAME: Vandelia Twilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): XXXX | 16. SOCIAL SECURITY NO. | 17. INFORMANT: William H. Dryden, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Thrombosis. — 10/26/49.

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/26, 1949, to 10/27, 1949, that I last saw the deceased alive on 10/27, 1949, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis J. Llewelyn, M.D. — Pocomoke City, Md — 10/27/49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct 30, 1949 | NAME OF CEMETERY OR CREMATORY: XXXXXX Bethany Methodist | LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Oct. 29, 1949 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10200

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, Pocomoke; LENGTH OF STAY (in this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL, Pocomoke City; STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) - (Last) JONES

4. DATE OF DEATH: (Month) Oct. (Day) 1, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: ? ? 1898

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - mill

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Industry

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 203 03 9613

17. INFORMANT AND ADDRESS: Flossie Brittingham Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver — Interval Between Onset and Death: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis of lungs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1949 to Oct. 1, 1949, that I last saw the deceased alive on Sept 30, 1949, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Louis L. Llewelyn, M.D. Pocomoke City, Md. 10/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Oct. 4, 1949 | NAME OF CEMETERY OR CREMATORY: St. James Cemetery | LOCATION (City, town, or county) (State): Rt. 2, Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: Oct. 8, 1949 | REGISTRAR'S SIGNATURE: Anne E. White | 24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

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OCT 12 1949
BUREAU V. S.

10201

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CITY LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (in this place) 38 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emily	J.	Leake	Oct.	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 24 1873	76 3 15 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sour Spring Allegany Co, Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah Soar	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	none	Mr. Francis J. Leake (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
135 Immediate cause	(a) Cachexia & Inanition	4 weeks
46 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Carcinoma of Gall Bladder	6 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 20/49	Primary Carcinoma of Gall Bladder & infiltration into liver & small intestine	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	Snow Hill	Worc	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—		m.		

22. I hereby certify that I attended the deceased from 2 Sept, 1949, to 9 Oct, 1949, that I last saw the deceased alive on 9 Oct, 1949, and that death occurred at 11⁰⁰ P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert A. Young	M.D.	Snow Hill, Md	10 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 12/49	Bates Methodist	Snow Hill	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/10/49	LeRoy Smith	Wm E Timmis	Snow Hill, Md

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OCT 12 1949
BUREAU V. S.

10202

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH · COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwells. LENGTH OF STAY (in this place) 4 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sherwells.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Alice (Last) Nicholson

4. DATE OF DEATH (Month) Oct. (Day) 28, (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Aug. 29, 1916

9. AGE last birthday 33 yrs. If under 1 year: Months 1, Days 29; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Snow Hill Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dennis.

14. MOTHER'S MAIDEN NAME Hattie Mary Twigg.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mr. Vernon Nicholson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
452 Immediate cause	(a) Subarachnoidal Hemorrhage	instantly
Antecedent cause(s)		
96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aneurysm of Subarachnoidal vessel	4 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 24 Oct, 1949, to 28 Oct, 1949, that I last saw the deceased alive on 28 Oct, 1949 and that death occurred at 8 45 A.m., from the causes and on the date stated above.

SIGNATURE Herman A. Robbins (Degree or title) M.D. ADDRESS Berlin, Md. DATE SIGNED Oct 29 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 10/30/49 NAME OF CEMETERY OR CREMATORY Evergreen. LOCATION (City, town, or county) (State) Berlin Md.

DATE REC'D BY LOCAL REG. 10-30-49 REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A14

RECEIVED
NOV 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10203

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Pocomoke
LENGTH OF STAY (in this place): 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: xxxxx

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Pocomoke
STREET ADDRESS (If rural give location): RFD #3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ARRA JONES PRUITT

4. DATE OF DEATH (Month) (Day) (Year): Oct 5, 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 1, 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Obed J. Jones

14. MOTHER'S MAIDEN NAME: Jane Hancock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: xxxxxxx

17. INFORMANT: Samuel Pruitt, Rural, Pocomoke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Apoplexy — Interval between onset and death: 6 hours

450.0

Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 10 years

(c) Senile Nephritis — 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to Oct 5, 19 49, that I last saw the deceased alive on Oct, 19 49, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. E. Dickerson M.D. Pocomoke Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Oct 9, 1949

NAME OF CEMETERY OR CREMATORY: Hall's Hill Cemetery

LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REG.: Oct. 9, 1949

REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

10204

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin RFD. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin RFD Md (Libertytown)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
OSCAR.	LAWS	RICHARDSON	OCT.	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	married	Jan. 8, 1880	69 yrs.	9	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer.		Berlin, Md	U SA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Richardson	Rebecca Godfrey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Mrs. O. L. Richardson Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 **Immediate cause** (a) Myocarditis

Antecedent cause(s)

112 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac asthma

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 10-16, 1949, that I last saw the deceased alive on 10-16, 1949, and that death occurred at 8 30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford E. Jacott	M.D.	Berlin Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10 19 49	Evergreen.	Berlin Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-19-49	Helen F. Hayward	Burna A. Bunting	Berlin Md.

RECEIVED
NOV 09 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10265

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin Rural — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Reece (Last) Rosborough
4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 13/1915
9. AGE last birthday: 34 0/6 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Woods
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Walter Pitts
14. MOTHER'S MAIDEN NAME: Mary E. Rosborough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Davis & Carter Berlin Md
17. INFORMANT: Mary E. Hunt 1917 Caspian Ave. Atlantic City N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture of base of skull — Minutes

910.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of mandible — "

186 b (c) Bilateral fracture sterno-clavicular articulation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Unknown

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Woods — (CITY OR TOWN) nr Berlin — (COUNTY) Worcester — (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 19 (Year) 49 (Hour) 12 M
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Struck on head by falling tree limb.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: F. S. Waesche M.D. (Degree or title) (DME) — ADDRESS: Snow Hill Md — DATE SIGNED: 10/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 23/49 — NAME OF CEMETERY OR CREMATORY: Ebinger — LOCATION (City, town, or county): Snow Hill — (State) Md

DATE REC'D BY LOCAL REG.: 10-22-49 — REGISTRAR'S SIGNATURE: Helen F. Hayward. — 24. FUNERAL DIRECTOR: Ulay E. Morris Snow Hill — ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 22 1949
BUREAU T. S.

10206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin RFD. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) RFD -

3. NAME OF DECEASED (Type or Print) (First) Handy (Middle) Charles (Last) Showell
4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1949
5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 4, 1872
9. AGE last birthday 77 yrs. If under 1 year: Months 4, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berlin Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Showell
14. MOTHER'S MAIDEN NAME Comfort
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Alfred Showell Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1949, to 10-29, 1949 that I last saw the deceased alive on 10-27, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE Clifford E. Tabott (Degree or title) M.D. ADDRESS Berlin Md. Worcester DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) Burial DATE 10/31/49 NAME OF CEMETERY OR CREMATORY St. Pauls (Col) LOCATION (City, town, or county) Berlin (State) Maryland

DATE REC'D BY LOCAL REG. 10-31-49 REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1943
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10207

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH · COUNTY Worcester. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D. LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R.F.D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) near Herring Creek.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Thomas (Last) Stierwalt.

4. DATE OF DEATH (Month) Oct. (Day) 17 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Male	White	divorced	July 20 1897.	52 yrs.	2	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter.		Berlin, Maryland R.F.D.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Paul W. Stierwalt.	Margaret Kelly.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.		Mr. John Stierwalt Berlin Md R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Liver Cirrhosis c̄ Portal	2 yrs.
581.0 Antecedent cause(s)		
124b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) congestion & ascites	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Feb, 1947, to 17 Oct, 1949, that I last saw the deceased alive on 17 Oct, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman A. Robbins	M.D.	S Bay St, Berlin, Md	19 Oct 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial.	10/18/49	Evergreen.	Berlin	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-18-49	Helen F. Hayward	Anna A. Burbage	Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

RECEIVED
OCT 21 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

10208

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke City
STREET ADDRESS (If rural, give location) 6 miles North of Pocomoke Route 113

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Lee (Last) Tarr
4. DATE OF DEATH (Month) Oct (Day) 19 (Year) 1949
5. SEX M
6. COLOR OR RACE Wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY General Country Store
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? N.S.A.
13. FATHER'S NAME Wilmer Tarr
14. MOTHER'S MAIDEN NAME Rosetta Powell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Mrs Maurice Aydelotte - His Daughter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Probably Acute Pulmonary Edema

260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ventricular Heart failure

61 (c) Diabetes

INTERVAL BETWEEN ONSET AND DEATH: Very Short; 2 years (?); several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Terminal, Ready for a fire, Prevention of making

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home Store
(CITY OR TOWN) Pocomoke (Rural) (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr N. E. Sartorius (Degree or title) Dep Med Exam ADDRESS Pocomoke City Md DATE SIGNED 10/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 21/49
NAME OF CEMETERY OR CREMATORY Beth Oley near
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 10/21/49
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Clay E. Dennis Snow Hill ADDRESS Md

RECEIVED
OCT 24 1949
BUREAU V. S.

10209

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop, RFD
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) RFD

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Burton (Last) Lyre
4. DATE OF DEATH (Month) Oct. (Day) 8 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 2, 1885
9. AGE last birthday 64 yrs. If under 1 year Months 4 Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Willards, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Thomas Lyre.
14. MOTHER'S MAIDEN NAME Elizabeth Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 222-05-6069
17. INFORMANT Mrs. Charles Weinbrough.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

902.5 Immediate cause (a) Multiple fractures of skull — Very short

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Due to flow on top of head

186a (c) As result of a 9 ft fall - on concrete

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Deceased was an alcoholic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) near Bishop (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Oct (Day) 8 (Year) 1949 (Hour) 9 p.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Fall from an elevated culvert

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. N. E. Antonius (Degree or title) Dep. Med. Exam. ADDRESS Pocomoke City Md DATE SIGNED 10/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/12/49
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Berlin Md (State)
DATE REC'D BY LOCAL REG. 10-12-49
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10210

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wocester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) Mr. Gravel Pit.

3. NAME OF DECEASED (Type or Print) (First) Ella Mae (Middle) Williams (Last)

4. DATE OF DEATH (Month) October (Day) 29 (Year) 1949

5. SEX Female | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH May 11 - 1925 | 9. AGE last birthday 24 yrs. | If under 1 year Months 5 Days 5 Hours Min. | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work
10b. KIND OF BUSINESS OR INDUSTRY Naval Base Phila Pa.
11. BIRTHPLACE (State or foreign country) Pocomoke, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Isaac Williams
14. MOTHER'S MAIDEN NAME Anna Leona Dix.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Isaac Williams.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary T.B.

13b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) V (c) V

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1949, to Oct 29, 1949, that I last saw the deceased alive on Oct 26, 1949, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE C. E. Critcher (Degree or title) ADDRESS Pocomoke Md DATE SIGNED 10-29-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Nov. 1st 1949 | NAME OF CEMETERY OR CREMATORY Unionville Baptist | LOCATION (City, town, or county) (Unionville) Pocomoke. (State) Md.

DATE REC'D BY LOCAL REG. Nov. 1, 1949 | REGISTRAR'S SIGNATURE Anne E. White

24. FUNERAL DIRECTOR J. Edgar Thomas ADDRESS Pocomoke

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

17

18
6
24

43
6

Cedar

Walnut

Clark Co Ky

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10211

CERTIFICATE OF DEATH

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; MARYLAND; LENGTH OF STAY (In this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Market & Second Sts

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; STREET ADDRESS (If rural give location) Market & Second Sts.

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) FRANCIS (Last) WILSON

4. DATE OF DEATH: (Month) October (Day) 15, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 15, 1892

9. AGE last birthday: 56 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Manager

10b. KIND OF BUSINESS OR INDUSTRY: Hotel Manager

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis M. Wilson

14. MOTHER'S MAIDEN NAME: Ella L. King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Mabel Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive Heart Failure — Interval Between Onset and Death: 7 days

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Heart Disease with

(c) Myocardial Infarction — 6 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 49, to Oct. 15, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles W. Trader, M.D. Pocomoke City Md 10-17-49.

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: Oct 17, 1949 — NAME OF CEMETERY OR CREMATORY: St. Mary Episcopal Cem — LOCATION (City, town, or county) (State): Pocomoke City, Md.

DATE REC'D BY LOCAL REG.: Oct. 17, 1949 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

RECEIVED
OCT 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10212

Reg. Dist. No. 350

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke City — LENGTH OF STAY (in this place): Less than 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pocomoke City Armory

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) W (Last) Wilson
4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1949
5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 2 1849
9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pool Room and Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Princess Anne Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Charles Wilson
14. MOTHER'S MAIDEN NAME: Sarah Laird
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Annie Wilson

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) (Probably) Coronary Disease 2-3 minutes

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Diabetes P.K.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Vivexertion (Just participated in a square dance)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Armory
(CITY OR TOWN) Pocomoke City (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) Oct (Day) 28 (Year) 1949 (Hour) 9:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell to floor while standing.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr. M. E. Sartorius (Degree or title) Dep. Med. Examiner — ADDRESS: Pocomoke City Md — DATE SIGNED: 10/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 31, 1949 — NAME OF CEMETERY OR CREMATORY: Episcopal Cemetery — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: Oct. 29, 1949 — REGISTRAR'S SIGNATURE: Anne E. White — 24. FUNERAL DIRECTOR: Dale Dashiell — ADDRESS: Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
OCT 9 1969
HUMBOLDT V. B